


REQUEST FOR BIOLOGICAL ANALYSIS

 <p style="font-size: small;">Lot 1, Jalan 15/1 Section 15, 43650 Bandar Baru Bangi Selangor Darul Ehsan Tel : 03-87692225 Fax : 03-89269842</p>	REQUEST BY :		REGISTRATION NO:				For administration			
	DATE :									
	COMPANY :		07/13				use only :			
	CONTACT NO :		RECEIVED BY : 0 0 0 0 0 0 0 0 0 0 ..				<input type="checkbox"/> Analysis Completed			
	FAX NO :						PIC / Date : 0 0 0 0 0 0 0 0 0 0 . 0 0 0 0 0 0 0 0 0 0 .			
Signature :	0 0 0 0 0 0 0 0 0 0 ()									

No	B. Number (Lab use Only)	Sample ID	Sex (M / F)	Age	Nationality	Factory / Hospital	Occupation	Nature of Specimens (Urine,blood or etc)	Test Required	Analysis Cost
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

RESULT SEND BY :	DATE :	Fax / e mail / courier

Request Reviewed & Approved:

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Total Cost



**INDUSTRIAL HYGIENE
ANALYTICAL LABORATORY**


REQUEST FOR SAMPLING MEDIA

No	SAMPLING MEDIA	UNIT PRICE (RM)	QUANTITY	COST
1	ORBO 47, 100/50mg			
2	Safe Air Badges Formaldehyde			
3	Safe Air Badges Mercury Vapor			
5	MEC Filter,37mm. 0.8 μ m w/pad			
6	Charcoal tube, 400/200mg, 8mm			
7	Charcoal tube, 50/100			
8	Charcoal tube, 800/200, 10mm,			
9	Glass Fiber filters 13mm			
10	PTFE membrane, 37mm 5 μ m,			
11	PVC Filter, 37mm,5 μ m			
12	PVC Filter 37mm. 0.8 μ m,			
13	Silica gel 75/150			
14	Hipocalite,200mg			
15	Washed silica gel 520/260			
16	3pc,37mm, Cassettes, Styrene, c/w plugs			
17				
18				
19				

Total Cost

*Terms and condition apply.

REQUEST FOR MICROBIOLOGY ANALYSIS

 <p>Lot 1, Jalan 15/1 Section 15, 43650 Bandar Baru Bangi Selangor Darul Ehsan Tel : 03-87692225 Fax : 03-89269842</p>	REQUEST BY :		REGISTRATION NO:				For administration	
	DATE :						use only :	
	COMPANY :		07/13		/			
	CONTACT NO :		RECEIVED BY : õ õ õ õ õ õ õ õ õ õ ..				<input type="checkbox"/> Analysis Completed	
	FAX NO :							
	Signature :						PIC / Date :	
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No	M. Number (Lab use Only)	Sample ID	Date Of Sampling	Sampler (Sampling Media)	Parameter	Sample From	Analysis Cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

RESULT SEND BY :	DATE :	Fax / e mail / courier

Request Reviewed & Approved:
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Total Cost	
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